

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Liberate Laguna PAC <hr/> AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (949) 416-0847 1405838 <hr/> STREET ADDRESS 4667 MacArthur Blvd. Suite 420 <hr/> CITY STATE ZIP CODE Newport Beach CA 92660		Date of This Filing 10/10/2018 <hr/> Report No. 101018 <hr/> <input type="checkbox"/> Amendment to Report No. _____ (explain below) <hr/> No. of Pages 1	RECEIVED Date Stamp OCT 10 2018 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 497 For Official Use Only
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/09/2018	4GWireless 8871 Research Drive Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee